

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

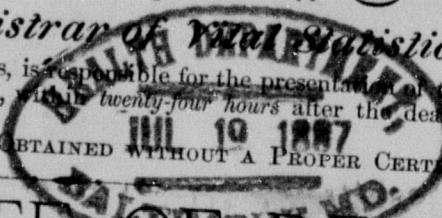
Permit No. 1480

Office of Registrar of Vital Statistics.

Ward 129

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertude

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Inf. Asylum

Cause of Death, { First (Primary), Second (Immediate), }

Malaria

Ex

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Chesapeake Cemetery

Date of Burial, July 18

{ Undertaker, Mary J. Brown

J. Flannery

M. D.

Medical Attendant.

Place of Business, Divisional

Address, 701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1481

Office of Registrar of Vital Statistics.

Ward

12 "

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A FEE PER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 18th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Willie

Sex, Male or Female, { Cross out the word not required in this line. }

Age, one Years

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Inf. Asylum -

Hydrocephalus

Cause of Death, { First (Primary), Ex-Spasm. }

Second (Immediate),

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, New Calvary Cemetery

Date of Burial, July 18.

F.J. Flannery

M. D.

Medical Attendant.

{ Undertaker, Wm. C. Branson

{ Place of Business, Divisional St

Address, 1701 Dr. Hill Ave

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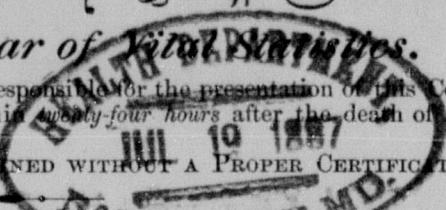
Permit No. 1482

Office of Registrar of Vital Statistics.

Ward 12¹

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91

CERTIFICATE OF DEATH.

Date of Death,

July 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sophie

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Infant Asylum

Cause of Death, { First (Primary), }

Are. Syphilis

{ Second (Immediate), }

Ex from Diarrhoea

Duration of Last Sickness,

18 mos.

All the above information should be furnished by the Physician.

Place of Burial, New-Death Cemetery

Date of Burial, July 18

{ Undertaker, M. J. Branam }

D. J. Tilamury

M. D.

{ Place of Business, Divisional }

Address, 1701 Dr. Hale Ave.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1483 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maysie Dilmore Makel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 2 Months, 20 Days

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, 14 mos.

Place of Death, { Give Street and Number. }

25 Whatcoat St.

Cause of Death, { First (Primary),
Second (Immediate), }

Miasinus

Duration of Last Sickness,

From Birth -

All the above information should be furnished by the Physician.

Place of Burial, Leinal.

Date of Burial, July 19 1887

{ Undertaker, B. W. Chase

{ Place of Business, 641 Howard

Mr. J. Chappell M. D.

Medical Attendant.

W. E. Corpseman

Address,

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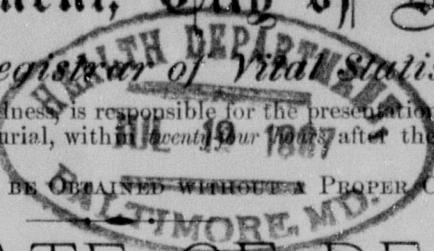
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Health Department, City of Baltimore.

Permit No. A 1484 Office of Registrar of Vital Statistics. Ward 1

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CERTIFICATE OF DEATH.

Date of Death, July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William B. Douglas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

2929 Hudson St

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial, W. Carmel Cemetery,

Date of Burial, July 20, 1887, John H. Rehberger M. D.

{ Undertaker, W.C. Avery & Co.

Medical Attendant.

{ Place of Business, 289 Broadway Address, 1709 Alice Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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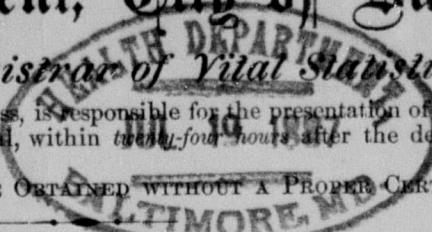
Permit No. A

1485 Office of Registrar of Vital Statistics.

Ward 3rd

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CERTIFICATE OF DEATH.

Date of Death,

July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Howard Francis Turner

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Years,

10 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Since born

Place of Death, { Give Street and Number. }

1529 E. Pratt st

Cholera Infantum

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Church

Date of Burial, July 19th 1887

{ Undertaker, M. Dr. Stager, City,

{ Place of Business, 23rd & Federal, Address, 1727 E. Pratt st.

M. D.

Medical Attendant.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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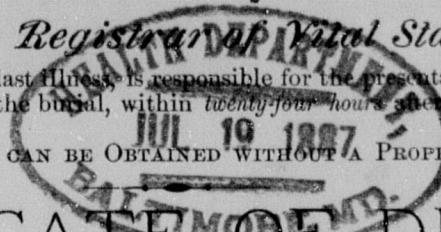
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Health Department, City of Baltimore.

Permit No. A 1486 Office of Registrar of Vital Statistics. Ward 1st.

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B

CERTIFICATE OF DEATH.

Date of Death,

July 18/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eva Beissel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years,

1 Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 309 Washington St.

Cholera Morbus

Cause of Death, { First (Primary), Second (Immediate), Prostration }

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 19 " 87

Undertaker, G. W. Farnsworth

Place of Business, Bonk & Wolff's Address,

J. H. Colleberg

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1487 Office of Registrar of Vital Statistics. Ward 3

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CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 13 Years,

7 Months,

12 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. single

Occupation, Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give Street and Number. 124 N. Durham St.

Cause of Death, { First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 20 '87

{ Undertaker, G. F. French

{ Place of Business, Bon & Wolf Address, 1727 E. Baltimore St.

P. G. Dausch M. D.

Medical Attendant,

[OVER.]

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Health Department, City of Baltimore.

Permit No. A 1488 Office of Registrar of Vital Statistics. Ward 11^a

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24

CERTIFICATE OF DEATH.

Date of Death,

Sunday July 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jos. O. Shanley,

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 49 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Labmen

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give Street and Number. }

Md. General Hospital, London Ave

Cause of Death, { First (Primary),

Phtisis with Specific Complications

Second (Immediate),

Exhaustion

Duration of Last Sickness,

Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 19th 1887

M. D.

{ Undertaker, R. Fink Son, Weimer, Brantou

Medical Attendant.

{ Place of Business, 915 N. Gay St. Address, Chase St. & Forest Place

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[OVER.]

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Health Department, City of Baltimore.

Permit No. A 1489

Office of Registrar of Vital Statistics.

Ward 5th

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lattie & Acworth

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

10 Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Since birth

Duration of Residence in the City of Baltimore,

1206 Cleveland

Place of Death, { Give Street and Number. }

Cerebral congestion

Cause of Death, { First (Primary), Second (Immediate). }

Four (4) days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 20th 1887 S. E. Silver M. D.

{ Undertaker, H. Pinkerton

Medical Attendant

{ Place of Business, 915 N. Gay St. Address, Cor. Police

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[OVER.]